1000 MILWAUKEE AVENUE GLENVIEW, IL 60025 Phone: 866-283-7122 Fax: 847-953-5390

AON RISK SERVICES

| Client: | RAG American Coal - | ☐ Certificate(s) of In | surance Auto ID Card(s) |
|----------|---------------------|------------------------|---------------------------|
| Fax; | 410-689-7531 | Fax: | |
| Company: | | Company: | |
| CC: | Mary Wong | CC: | |
| Fax: | 801-359-3940 | Pages: | 4 (including Cover Sheet) |
| Company: | State of Utah | Date: | Tuesday, January 06, 2004 |
| To: | Risk Manager | From: | Aon Client Services (dxl) |

· Comments:

Attached, please find your proof of coverage document(s) as requested. Have a great day!

Aon Client Services

RECEIVED JAN 0 6 2004

DIV. OF OIL, GAS & MINING

SIGNATURE SERVICE

CONFIDENTIALITY NOTICE: The materials eaclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual (3) or entity (ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the forwarded documents to us.

Certificate of Insurance

premie 2/007/0038

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210

P.O. Box 145801

Salt Lake City, UT 84114-5801

Re: Willowcreek Mine Permit No. ACT/007/038

Assured;

RAG American Coal Holding, Inc. et al

999 Corporate Blvd.

Linthlcum Heights, MD 21090

This is to certify that the policies of insurance select below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, form, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance efforced by the policies described harein is subject to all the terms, exclusions and certificate of such policies. Limits shown may have been reduced by paid claims.

| Type of Insurance | Policy No. | Policy Period | | Policy Limits/Values |
|---|----------------------------------|-------------------------------|---------------|--|
| Commercial General Liability | ICH GL 137-04 | 01/01/04 - 01/01/05 | | Products/Completed Operations Aggregate Personal and Advertising injury Each Occurrence Fire Damage (Any One Fire) |
| Insurance Company(les) | Insurance Corporation of Hanover | | | |
| Automobile Liability | AS2-641-004364-114 | 01/01/04 - 01/01/05 | \$ 1,000,000 | CSL Each Occurrence |
| Insurance Company(les) | Liberty Mutual Fire | | | |
| Worker's Compensation Employer's Liability | OC 017049-06 | 06/30/03 - 06/30/04 | WC Statutory | / EL: Each Accident |
| | | | \$1,000,000 D | Disease – Policy Limit Disease – Each Limit |
| Insurance Company(les) | Old Republic Insura | nce Company | | |
| Excess Liability | ICH CU 231-04 | 01/01/04 – 01/01/05 | | ach Loss and in the aggregate excess scheduled underlying. |

General Liability and Automobile Liability Include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

Insurance Corporation of Hanover

RECEIVED

JAN 0 6 2004

DIV. OF OIL, GAS & MINING

The subscribing insurers' obligations under confracts of insurance to which they autoscube are several and not joint and are limited solely to the extent of thair individual subscribing insurers are not responsible for the subscription of any cosubscribing insurers who for any reason does not satisfy all or part or its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not smoot, extend or after the coverage afforded by the policytics) shown hereon. Should any of the above described pulicips be canceled before the appreciation date thereof, this agency, on behalf of the issuing company(es), will endeavocate mail as days written notice to the above named conditions holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(los) or risk agency.

By:

Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

Insurance Company(les)

THE PARTY.

Certificate of Insurance

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210

P.O. Box 145801

Salt Lake City, UT 84114-5801

Re:

Star Point #1 & #2 Mine Permit No. ACT/007/006 0/007/006

Assured:

RAG American Coal Holding Inc. et al

999 Corporate Blvd.

Linthicum Heights, MD 21090

This is to callify that the policies of insurence listed below have been issued to the insured named above for the policy period indicated, notwithstanting any requirement, term, or condition of any contract or other decument with respect to which this certificate may be lessed or may period. The insurence afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by peld claims.

| Type of Insurance | Policy No, | Policy Period | | Policy Limits/Values |
|---|----------------------------------|-------------------------------|--------------|--|
| Commercial General Liability | ICH GL 197-04 | 01/01/04 — 01/01/05 | \$ 1,000,000 | Products/Completed Operations Aggregate Personal and Advertising Injury Each Occurrence Fire Damage (Any One Fire) |
| | | | \$ 10,000 | Medical Expense (Any One Person) |
| Insurance Company(lee) | Insurance Corporation of Hanover | | | |
| Automobile Liability | A\$2-641-004364-114 | 01/01/04 — 01/01/05 | \$ 1,000,000 | CSL Each Occurrence |
| Insurance Company(les) | Liberty Mutual Fire | | | |
| Worker's Compensation Employer's Liability | OC 017049-06 | 06/30/03 - 06/30/04 | WC Statutory | y EL: |
| • | | | | ach Accident |
| | | | | Disease – Policy Limit Disease – Each Limit |
| Insurance Company(les) | Old Republic Insura | nce Company | | |
| Excess Liabilly | ICH CU 231-04 | 01/01/04 — 01/01/05 | | ach Loss and in the aggregate excess scheduled underlying. |
| Insurance Company(les) | Insurance Corporation of | f Hanover | | |

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

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JAN 0 6 2004

DIV. OF OIL, GAS & MINING

The subscribing insurers' obligations, under contracts of insurance to which they subscribe and several and not joint and one limited colely to the expent of their individual subscribing. The subscribing insurers are not responsible for the subscribing insurer who for any reason does not earlist per or its obligations.

This conditions is saying as a matter of information only and confers no rights upon the conflictle holder. This contricate does not amend, extend or after the soverage allorded by the policy(es) shown hereon. Should any of the above described policies to canceled before the expiration date thereof, this agency, or bahalf of the issuing companyles), will endeavor to mail 45 days written notice to the above named certificate holder, our failure to mail such notice shall impose no obligation or liapting of any kind upon the companyles) or the agency.

Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

Bv:

For Mind

Certificate of Insurance

To: State of Utah

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 P.O. Box 145801

Salt Lake City, UT 84114-5801

Re:

Castle Gate Mines

Permit No. ACT/007/004, Folder No. 4

Carbon County, Utah

Assured:

RAG American Coal Holding, Inc. et al including Castlegate Holding Company 999 Corporate Blvd.

Linthicum Heights, MD 21090

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be leaved or may pertain. The insurance attortied by the policies described hardin to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims,

| Type of Insurance | Policy No. | Policy Period | | Policy Limits/Values |
|---|----------------------------------|------------------------|---|---|
| Commercial General Liability | ICH GL 137-04 | 01/01/04 — 01/01/05 | \$ 6,000,000 \$ 1,000,000 \$ 1,000,000 \$ 10,000 \$ | General Aggregate Products/Completed Operations Aggregate Personal and Advertising Injury Each Occurrence Fire Damage (Any One Fire) Medical Expense (Any One Person) |
| Insurance Company(les) | Insurance Corporation of Hanover | | | |
| Automobile Liability | AS2-641-004964-114 | 01/01/04 — 01/01/05 | \$ 1,000,000 | CSL Each Occurrence |
| Insurance Company(les) | Liberty Mutual Fire | | | |
| Worker's Compensation Employer's Liability | OC 017049-06 | 06/30/03 — 06/30/04 | WC Statutory I | |
| | | | | sease – Policy Limit sease – Each Limit |
| insurance Company(les) | Old Republic Insura | nce Company | | |
| Excess Liability | ICH CU 231-04 | 01/01/04 — 01/01/05 | | ch Loss and in the aggregate xcess scheduled underlying. |
| Incurrence Company(lec) | Ingurance Comerciae | | | |

Insurance Company(les) Insurance Corporation of Hanover

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

DIV. OF OIL CARE and or part of the subscription of any costable are reversed and not joint and are limited socially of the analog of insurance to which they subscribe are reversed and not joint and are limited socially of the analog of joint subscriptions. The subscribing insurers am not responsible for the subscriptions of any costable of the analog of the analo

This cantificate is issued as a matter of information only and conters no rights upon the certificate holder. This certificate dues not amend, extend or after the coverage afforded by the policyties) altum horeon. Should any of the above described policies to canceled before the expiration date thereof, this agency, on behalf of the issuing company(see), will exceeded the new of the policyties altumn holder to make a days without new or above named certificate holder, but failure to mail such notice shall impose no obligation or Reblifty of any kind upon the company(les) or right agency.

Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

Fill Mind